2600 INTERNAL TRANSFER REQUEST FOR S.N.

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891	828	4	57

	FROM: T- John	San (print name)
FORWARD TO: A. Art Unit: 2672 B. Class: 3245 C Subclass: 69 FURTHER EXPLANATION IF NEED Transplic procession	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): ED: The Special	:: (check box) (check box) (check box) effect of applosion
DATE:	FROM:	(print name)
FORWARD TO: A. Art Unit: B. Class: C Subclass: FURTHER EXPLANATION IF NEED	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box) (check box)
DATE:	FROM:	(print name)
	REASON(S):	
FORWARD TO CLASSIFIER	A. You had Parent B. See Title C. See Abstract	(check box) (check box) (check box)
FORWARD TO CLASSIFIER	A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box)
FORWARD TO CLASSIFIER RTHER EXPLANATION IF NEEDE	A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box)
FORWARD TO CLASSIFIER RTHER EXPLANATION IF NEEDE	A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box)

FURTHER EXPLANATION IF NEEDED: